

Fill in this information to identify the case:

Debtor name Gospace Data Equity Fund LLC
United States Bankruptcy Court for the: Massachusetts District of _____
Case number (If known): 22-10044 (State)

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**
Copy line 88 from *Schedule A/B*..... \$ 0

1b. **Total personal property:**
Copy line 91A from *Schedule A/B*..... \$ 520,400,000.00

1c. **Total of all property:**
Copy line 92 from *Schedule A/B*..... \$ 520,400,000.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... + \$ 70,168,000.00

4. **Total liabilities**..... \$ 70,168,000.00
Lines 2 + 3a + 3b

Fill in this information to identify the case:

Debtor name Gotospace Data Equity Fund, LLC
 United States Bankruptcy Court for the: Massachusetts District of _____
 Case number (if known): 22-10044 (State)

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.
☐ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Checking AccountDIP_____\$ 500.00

3.2. _____

\$ _____

4. Other cash equivalents (Identify all)

4.1. _____

\$ _____

4.2. _____

\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 500.00

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____

\$ _____

7.2. _____

\$ _____

Debtor

Name

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ _____
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Name

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____36. **Is a depreciation schedule available for any of the property listed in Part 6?**☒ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☒ No☐ Yes**Part 7:** Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☒ No. Go to Part 8.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
_____	\$ _____	_____	\$ _____
40. Office fixtures			
_____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
_____	\$ _____	_____	\$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ _____

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☐ No☐ Yes

Debtor

Name

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

Name

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ 5,000,000.00
65. Goodwill _____	\$ _____	_____	\$ 5,000,000.00

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 10,000,000.00

Debtor

Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ — _____ = → \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

S&Q Data, Raymond C. Green et al, Peter Spitalny, George Mclaughlin, Thomas Quinn \$ 500,000,000.00

Nature of claim Contracts and Fraud, Fed Civil RICO

Amount requested \$ TBA

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

Joan Green, Stuart Borenstein
Verde Group LLC , Blue Vista
Capital, NE Data Ventures LLC,
Jeff Helman, Storage Bros LLC
Justin Murphy and Spiro
Note: Debtor reserves the right to
add others if other claims are
found.

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 500,000,000.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 500.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 5,500,000.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 3,650,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 1,125,000.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ 0
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 10,000,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 500,000,000.00	
91. Total. Add lines 80 through 90 for each column..... 91a.	\$ 520,400,000.00	+ 91b. \$
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 520,400,000.00

Fill in this information to identify the case:

Debtor name Gospace Data Equity Fund LLC
 United States Bankruptcy Court for the: _____ District of Massachusetts
 (State)
 Case number (If known): 22-10044

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

Describe debtor's property that is subject to a lien

 _____ \$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

 _____ \$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Debtor

Name

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2. Creditor's name</p> <p>_____</p> <p>Creditor's mailing address</p> <p>_____</p> <p>_____</p> <p>Creditor's email address, if known</p> <p>_____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien</p> <p>_____ \$ _____ \$ _____</p> <p>_____</p> <p>Describe the lien</p> <p>_____</p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>
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<p>2. Creditor's name</p> <p>_____</p> <p>Creditor's mailing address</p> <p>_____</p> <p>_____</p> <p>Creditor's email address, if known</p> <p>_____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien</p> <p>_____ \$ _____ \$ _____</p> <p>_____</p> <p>Describe the lien</p> <p>_____</p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>
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Fill in this information to identify the case:

Debtor GotSPACE Data Equity Fund LLC

United States Bankruptcy Court for the: Massachusetts
District of _____
(State)

Case number 22-10044
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Total claim

Priority amount

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address Nicholas Fiorillo 3 Kales Way Harwichport, MA 02646</p> <p>Date or dates debt was incurred 2020-Present Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 700,000.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Salary</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.2	<p>Nonpriority creditor's name and mailing address Nicholas Fiorillo 3 Kales Way Harwichport, MA 02646</p> <p>Date or dates debt was incurred Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 40,000,000.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Pledged Equity and Loans</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.3	<p>Nonpriority creditor's name and mailing address S&Q Data c/Gesmer 40 Broad St Boston, MA 02116</p> <p>Date or dates debt was incurred Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 5,900,000.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contractual</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.4	<p>Nonpriority creditor's name and mailing address Raymond C. Green Inc 155 Federal Street, Suite 1300 Boston, MA 02110</p> <p>Date or dates debt was incurred Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 1,000,000.00 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contractual</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.5	<p>Nonpriority creditor's name and mailing address Peter Spitalny 4 Computer Drive, Albany, NY 12205</p> <p>Date or dates debt was incurred Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ See # 3.3 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contractual</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.6	<p>Nonpriority creditor's name and mailing address Samuel Spitaly 505 Overlook Drive, Atlanta, GA 30345</p> <p>Date or dates debt was incurred Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ See #3.3 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Thomas Crabtree 426 North Street Hyannis, MA 02601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 5,000.00
	Basis for the claim: Contractual		
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address Stadia Engineering 516 Vaux Hall Street New London, CT C 06320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 35,000.00
	Basis for the claim: Services		
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address Gotcapital 268 Newbury Street Boston, MA 02116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 22,500,000.00
	Basis for the claim: Contributions		
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address Sullivan and LeShane Inc 287 Capital Ave Harford 06106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 18,000,000.00
	Basis for the claim:		
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address Jim Laughlin, Laughlin Law 221 North Main Street, Walingford, CT 06492	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 10,000.00
	Basis for the claim:		
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Jacob Spitalny Disputed 12 Cherry Tree Road Albany, NY 12211	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.2.	Stephen Quillina Disputed 1 Bowdoin Steet #412 Everett, MA 02149	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.3.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.1.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 0

5b. Total claims from Part 2

5b.

+

\$ 70,168,000.00

5c. Total of Parts 1 and 2

5c.

\$ 70,168,000.00

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

GotSPACE Data Equity Fund LLC

Debtor name

United States Bankruptcy Court for the:

District of

Massachusetts

22-10044

(State)

Chapter

11

Case number (if known):

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.5

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Gospace Data Equity Fund LLC

United States Bankruptcy Court for the: Massachusetts District of _____ (State)

Case number (If known): 22-10044

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 GOTCAPITAL LLC,	268 Newbury Street Street Boston MA 02116 City State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 GOTSPACE DATA FUND ONE LLC	268 Newbury Street Street Boston MA 02116 City State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 GOTSPACE DATA PARTNERS LLC	268 Newbury Street Street Boston MA 02116 City State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 GOTSPACE DEVELOPMENT LLC	268 Newbury Street Street Boston MA 02116 City State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 OCEAN DEVELOPMENT PARTNERS LLC,	268 Newbury Street Street Boston MA 02116 City State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 OCEAN DEVELOPMENT PRECINCT I LLC	268 Newbury Street Street Boston MA 02116 City State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Name

Case number (if known)

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7 OCEAN INVESTMENT HOLDINGS LLC,	Street 268 Newbury Street City Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 OCEAN VACATIONS LLC,	Street 268 Newbury Street City Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 OCEAN VACATIONS REALTY TRUST,	Street 268 Newbury Street City Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10 ONE SEVEN ONE LLC, WONDERLAND PROPERTIES, LLC,	Street 268 Newbury Street City Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11 TREMONT ENTERTAINMENT ENTERPRISES, INC.,	Street 268 Newbury Street City Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12 W LOFTS DEVELOPMENT, LLC,	Street 268 Newbury Street City Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13 OCEAN REALTY PARTNERS, LLC,	Street 268 Newbury Street City Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14 GOTSPACE DATA EQUITY FUND, LLC,	Street 268 Newbury Street City Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Name

Case number (if known)

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.15 GOTSPACE EQUITY FUND I, LLC,	268 Newbury Street Street Boston MA 02116 City State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G D
2.16 GOTSPACE EQUITY FUND 1, LLC	268 Newbury Street Street Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G D
2.17 GOTSPACE SELF STORAGE HOLDINGS, LLC,	268 Newbury Street Street Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G D
2.18 GOTSPACE MANAGEMENT, LLC,	268 Newbury Street Street Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G D
2.18 GOTSPACE MANAGEMENT, LLC,	268 Newbury Street Street Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G D
2.20 GOTSPACE BEVERLY, LLC	268 Newbury Street Street Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G D
2.21 GOTSPACE GLOUCESTER, LLC,	268 Newbury Street Street Boston MA 02116 State ZIP Code	RAYMOND C. GREEN, INC., as TRUSTEE OF THE RAYMOND C. GREEN TRUST,	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G D
2.22 NICHOLAS FIORILLO	268 Newbury Street Street Boston, MA 02116 City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G D

2.23 Louis Delpidion

Boston Ballroom Corp
279 Tremont Street, Boston MA 02116

D

Fill in this information to identify the case:

Debtor name Gospace Data Equity Fund LLC
 United States Bankruptcy Court for the: _____ District of Massachusetts
 22-10044 (State)
 Case number (If known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	S&Q Data c/Gesmer 40 Broad St Boston, MA 02116		Contractual	Disputed			5,900,000.00
2	Raymond C. Green , Inc 155 Federal Street, Suite 1300 Boston, MA 02110		Contractual	Disputed			1,000,000.00
3	Peter Spitalny 4 Computer Drive, Albany, NY		Contractual	Disputed			See #1
4	Thomas Crabtree 426 North Street Hyannis, MA 02601		Contractual	Disputed			5,000.00
5	Stadia Engeneering 516 Vaux Hall Street New London, CT C 06320		Services				35,000.00
6	Gotcapital 268 Newbury Street Boston, MA 02116		Contributions				22,500,000.00
7	Sullivan and LeShane Inc 287 Capital Ave Harford 06106		Services				18,000.00
8	Jim Laughlin, Lauglin Law 221 North Main Street, Walingford, CT 06492		Services	Disputed			10,000.00

Gotspace Data Fund LLC

22-10044

Debtor Name Case number (if known) 22-10044

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Samuel Spitalny 505 Overlook Drive, Atlanta, GA 30345			Disputed			See #3.3
10	Stephen Quillinan 1 Bowdoin Steet #412 Everett, MA 02149			Disputed			See #3.3
11	Jacob Spitalny 12 Cherry Tree Road Albany, NY 12211			Disputed			See #3.3
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case and this filing:

Debtor Name Gospace Data Equity Fund LLC
United States Bankruptcy Court for the: Massachusetts
District of _____
(State)
Case number (If known): 22-10044

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/2/2022
MM / DD / YYYY

x 
Signature of individual signing on behalf of debtor

Nicholas Fiorillo

Printed name

Owner/Principal

Position or relationship to debtor